



PUBLIC RECORDS REQUEST FORM

Date of Request: _____

Department from which you are requesting information: _____

Person making request:

(The information below is optional, but will assist the City in providing the records to you.)

Name: _____

Address: _____

City, State, ZIP: _____

Email: _____

Telephone: () _____ Fax: () _____

NOTE:

1. Public information will be provided to you at the earliest possible time which will not interrupt the City staff's normal course of work.
2. You will be notified when the records or information requested will be available within ten (10) days.
3. The City charges \$.25 cents per 8-1/2" x 11" page for document copies. The City may request either a deposit or that you pay in advance for voluminous documents. The City will provide an estimate of such costs in advance. It is required that Department staff be present during public review of original documents.

Records or

information requested: *(Please be as specific as possible. Use additional sheets if necessary.)*

Please check if you wish to: ☐ review the records at City Hall; or
☐ receive copies of the records by mail.

FOR CITY USE ONLY		
Date Request Received:		By:
Response Date:		By:
Date Documents Provided:		By: